School Injury/Incident Report
Central Point School District 6

Student Injury/Incident Report

Name:		School:		Building:
Gender:	Age:	Grade:	Incident Date:	Time of Incident:
Parent/Guardian:			Phone:	

Parent/Guardian Contacted? _____ Yes _____ No – Why?

First Aid Required? _____ Yes _____ No – Why?

Please check all that apply in each column:

Location:

___Athletic field
___Stage
___Cafeteria
___Hallway
___Gym
___Class
___Side Walk
___Field Trip
___Parking Lot
___Weight Room
___Bleachers
___Basketball Court
___Mat Room
___Other *****

Injury:

___Amputation
___Asphyxia
___Break
___Burn
___Chipped/ broken tooth
___Concussion
___Cut/Contusion
___Dislocation
___Dizziness
___Fatality
___Foreign body in eye
___Fracture
___Headache
___Poison
___Puncture
___Seizure
___Strain/Sprain
___Other *****

Cause:

___Animal
___Athletics
___Bitten
___Body reaction
___Choking
___Broken equipment
___Fight
___Horseplay
___Jumping
___Kicked
___Motor Vehicle
___Tackled
___Overexertion
___Poked/stabbed
___Pushed
___Running
___Sliding
___Slip, trip/fall
___Other *****

Equipment/Activity:

___Softball
___Basketball
___Chemicals
___Climber
___Soccer
___Mats
___Flag Football
___Heating Appliance
___Open Field
___Golf
___Riding in Vehicle
___Frisbee
___Ping Pong
___Door Jam
___Warm ups
___*****Other *****

Body Part:

___Ankle (L,R)
___Arm (L,R)
___Back
___Entire Body
___Eye (L,R)
___Finger (L,R)
___Foot (L,R)
___Nose
___ Hand (L,R)
___Head/face
___Knee (L,R)
___Leg (L,R)
___Mouth/lip
___Neck/Throat
___Wrist (Left)
___Teeth
___Other *****

Surface

___Asphalt
___Dirt
___Grass
___Gym Floor
___Track
___Rubber
___Sand
___Field
___Tile
___Stairs
___Cement
___Other *****

Describe Incident/Injury In Detail: (Include what actions can be taken to prevent further incidents)

_____
_____
_____
_____
_____

Transport to:_____ Location: _____

Completed by:_____Witness(es): _____

Administrator:_____ Signature:_____